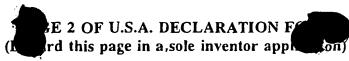
## APPLICATION FOR UNITED STATE TENT Decraration and Power of Attorney

hamed inventor, I hereby declare that: post of e address and citizenship are as stated below next to my name; that I verily believe that and the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are name below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: I NOVEL STANDING OF OUND AND ORGANIC ELECTROLUMINESCENCE DEVICE described and claimed in the specification: Check one \*a. [] attached hereto. b. K | filed on 08/31/2001 as Application Serial No.09/943, 578 and amended on I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed: Japanese Patent Application No. 2000-265544 filed on September 1, 2000 Ū ø The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of Affician either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s): 2 If there are no corresponding applications, insert "NONE". I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and tostransact all business in the Patent Office: Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; and/or Stephen P. Burr, Reg. No. 32,970 느 ΠJ ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST, WENDEL & BURR, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2895 Telephone: (703) 739-0220. I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. 3 Typewritten Full Name of Sole or First Inventor Masakazu FUNAHASHI Given Name Middle Initial Family Name Masakagu \*4 Inventor's Signature 2001 September 18 \*5 Date of Signature Month Year 6 Residence Chiba Japan City State or Province Country Japan 7 Citizenship Post Office Address 1280, Kamiizumi, Sodegaura-shi, Chiba, Japan (Insert complete mailing address, including country)

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.



3 Typewritten Full Name of	•	Hiromasa		ARA I	
Second Joint Inventor (if any)		Given Name	Middle Initial	Family Name	
				arai	
'4 Inventor's Signature		Hiromasa	/		
*5 Date of Signature 🖙	Septemb	er	18	2001	
	Month		Day	Year	
6 Residence		Chiba		<u>Japan</u>	
7 Citizenship	City Japan	Sta	ate or Province	Country	
Post Office Address (Insert complete mailing address, including count		Kamiizumi,	Sodegaura-shi, Chiba,	Japan	
Typewritten Full Name of Second Joint Inventor (if any)		Chishio Given Name	Middle Initial	HOSOKAWA Family Name	
4 Inventor's Signature ====		Chishio		Horokerug	
5 Date of Signature	Septemb	er	18	200	
	Month		Day	Year	
S Residence			Chiba	Japan	
7 Citizenship	City Japan	Stat	te or Province	Country	
Post Office Address (Insert complete mailing address, including countr		Kamiizumi,	Sodegaura-shi, Chiba,	Japan	
Typewritten Full Name of Second Joint Inventor (if any)					
•		Given Name	Middle Initial	Family Name	
Inventor's Signature		<del></del>	······································		
Date of Signature	Month		Day	Year	
Residence					
Citizenship	City	State	e or Province	Country	
Post Office Address (Insert complete mailing address, including country	·)				
Typewritten Full Name of Second Joint Inventor (if any)		Given Name	Middle Initial	Family Name	
Inventor's Signature				<del></del>	
Date of Signature 🖼	Month				
	IAIOHII		Day	Year	
Residence	City	Contraction	or Province	Countrie	
Citizenship			OI FIOVINCE	Country	
Post Office Address (Insert complete mailing address, including country,	)				

\*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

\*\*This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.